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APPLICANTS  
 Gordon Mark Saker, Haleiwa, HI;

\*\* CONTINUING DATA \*\*\*\*\*  
*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY HI	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS  
 24504  
 THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP  
 100 GALLERIA PARKWAY, NW  
 STE 1750  
 ATLANTA, GA  
 30339-5948

TITLE  
 Universal connector sleeve

FILING FEE  RECEIVED 397	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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